

Kristina D. Lawson, J.D., Chair
Panel B

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CLAUDIA RAMIREZ
Deputy Attorney General
4 State Bar No. 205340
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6482
Facsimile: (213) 897-9395
7 Attorneys for Complainant

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12
13 In the Matter of the Accusation Against:

14 RAZMIK OHANJANIAN, M.D.
511 Western Avenue
15 Glendale, CA 91201

16 Physician's and Surgeon's Certificate
No. A 52219,

17 Respondent.
18

Case No. 800-2015-011390

OAH No. 2018080074

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
23 Board of California ("Board"). She brought this action solely in her official capacity and is
24 represented in this matter by Xavier Becerra, Attorney General of the State of California, by
25 Claudia Ramirez, Deputy Attorney General.

26 2. Respondent Razmik Ohanianian, M.D. ("Respondent") is represented in this
27 proceeding by attorney Peter R. Osinoff, whose address is: Bonne Bridges Mueller O'Keefe &
28 Nichols, 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071.

1 3. On or about August 5, 1993, the Board issued Physician's and Surgeon's Certificate
2 No. A 52219 to Respondent. That Certificate was in full force and effect at all times relevant to
3 the charges brought in Accusation No. 800-2015-011390, and will expire on March 31, 2019,
4 unless renewed.

5 JURISDICTION

6 4. Accusation No. 800-2015-011390 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on January 12, 2018. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2015-011390 is attached as Exhibit A and
11 incorporated herein by reference.

12 ADVISEMENT AND WAIVERS

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2015-011390. Respondent has also carefully read,
15 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
16 Disciplinary Order.

17 7. Respondent is fully aware of his legal rights in this matter, including the right to a
18 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
19 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
20 to the issuance of subpoenas to compel the attendance of witnesses and the production of
21 documents; the right to reconsideration and court review of an adverse decision; and all other
22 rights accorded by the California Administrative Procedure Act and other applicable laws.

23 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
24 every right set forth above.

25 CULPABILITY

26 9. Respondent understands and agrees that the charges and allegations in Accusation
27 No. 800-2015-011390, if proven at a hearing, constitute cause for imposing discipline upon his
28 Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima facie case for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2015-011390 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following

1 Disciplinary Order:

2 **DISCIPLINARY ORDER**

3 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 52219 issued
4 to Respondent Razmik Ohanjanian, M.D. is revoked. However, the revocation is stayed and
5 Respondent is placed on probation for thirty-five (35) months on the following terms and
6 conditions.

7 1. Respondent may file a petition for early termination of probation after one year has
8 elapsed from the effective date of the decision ordering disciplinary action. While a petition for
9 early termination of probation may be filed after one year of probation, the probation shall not
10 terminate before Respondent has been on probation for two years.

11 2. EDUCATION COURSE. Within 60 calendar days of the effective date of this
12 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
13 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
14 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
15 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
16 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
17 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
18 completion of each course, the Board or its designee may administer an examination to test
19 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
20 hours of CME of which 40 hours were in satisfaction of this condition.

21 3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
22 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
23 advance by the Board or its designee. Respondent shall provide the approved course provider
24 with any information and documents that the approved course provider may deem pertinent.
25 Respondent shall participate in and successfully complete the classroom component of the course
26 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
27 complete any other component of the course within one (1) year of enrollment. The prescribing
28 practices course shall be at Respondent's expense and shall be in addition to the Continuing

1 Medical Education (CME) requirements for renewal of licensure.

2 A prescribing practices course taken after the acts that gave rise to the charges in the
3 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
4 or its designee, be accepted towards the fulfillment of this condition if the course would have
5 been approved by the Board or its designee had the course been taken after the effective date of
6 this Decision.

7 Respondent shall submit a certification of successful completion to the Board or its
8 designee not later than 15 calendar days after successfully completing the course, or not later than
9 15 calendar days after the effective date of the Decision, whichever is later.

10 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
11 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
12 advance by the Board or its designee. Respondent shall provide the approved course provider
13 with any information and documents that the approved course provider may deem pertinent.
14 Respondent shall participate in and successfully complete the classroom component of the course
15 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
16 complete any other component of the course within one (1) year of enrollment. The medical
17 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
18 Medical Education (CME) requirements for renewal of licensure.

19 A medical record keeping course taken after the acts that gave rise to the charges in the
20 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
21 or its designee, be accepted towards the fulfillment of this condition if the course would have
22 been approved by the Board or its designee had the course been taken after the effective date of
23 this Decision.

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the course, or not later than
26 15 calendar days after the effective date of the Decision, whichever is later.

27 5. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
28 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice

1 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
2 licenses are valid and in good standing, and who are preferably American Board of Medical
3 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
4 relationship with Respondent, or other relationship that could reasonably be expected to
5 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
6 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
7 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

8 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
9 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
10 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
11 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
12 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
13 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
14 signed statement for approval by the Board or its designee.

15 Within 60 calendar days of the effective date of this Decision, and continuing throughout
16 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
17 make all records available for immediate inspection and copying on the premises by the monitor
18 at all times during business hours and shall retain the records for the entire term of probation.

19 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
20 date of this Decision, Respondent shall receive a notification from the Board or its designee to
21 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
22 shall cease the practice of medicine until a monitor is approved to provide monitoring
23 responsibility.

24 The monitor(s) shall submit a quarterly written report to the Board or its designee which
25 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
26 are within the standards of practice of medicine, and whether Respondent is practicing medicine
27 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
28 quarterly written reports to the Board or its designee within 10 calendar days after the end of the

1 preceding quarter.

2 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
3 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
4 name and qualifications of a replacement monitor who will be assuming that responsibility within
5 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
6 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
7 notification from the Board or its designee to cease the practice of medicine within three (3)
8 calendar days after being so notified. Respondent shall cease the practice of medicine until a
9 replacement monitor is approved and assumes monitoring responsibility.

10 In lieu of a monitor, Respondent may participate in a professional enhancement program
11 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
12 review, semi-annual practice assessment, and semi-annual review of professional growth and
13 education. Respondent shall participate in the professional enhancement program at
14 Respondent's expense during the term of probation.

15 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
16 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
17 Chief Executive Officer at every hospital where privileges or membership are extended to
18 Respondent, at any other facility where Respondent engages in the practice of medicine,
19 including all physician and locum tenens registries or other similar agencies, and to the Chief
20 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
21 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
22 calendar days.

23 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

24 7. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
25 prohibited from supervising physician assistants.

26 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
27 governing the practice of medicine in California and remain in full compliance with any court
28 ordered criminal probation, payments, and other orders.

1 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
2 under penalty of perjury on forms provided by the Board, stating whether there has been
3 compliance with all the conditions of probation.

4 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
5 of the preceding quarter.

6 10. GENERAL PROBATION REQUIREMENTS.

7 Compliance with Probation Unit

8 Respondent shall comply with the Board's probation unit.

9 Address Changes

10 Respondent shall, at all times, keep the Board informed of Respondent's business and
11 residence addresses, email address (if available), and telephone number. Changes of such
12 addresses shall be immediately communicated in writing to the Board or its designee. Under no
13 circumstances shall a post office box serve as an address of record, except as allowed by Business
14 and Professions Code section 2021(b).

15 Place of Practice

16 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
17 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
18 facility.

19 License Renewal

20 Respondent shall maintain a current and renewed California physician's and surgeon's
21 license.

22 Travel or Residence Outside California

23 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
24 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
25 (30) calendar days.

26 In the event Respondent should leave the State of California to reside or to practice,
27 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
28 departure and return.

1 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
2 available in person upon request for interviews either at Respondent's place of business or at the
3 probation unit office, with or without prior notice throughout the term of probation.

4 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
5 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
6 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
7 defined as any period of time Respondent is not practicing medicine as defined in Business and
8 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
9 patient care, clinical activity or teaching, or other activity as approved by the Board. If
10 Respondent resides in California and is considered to be in non-practice, Respondent shall
11 comply with all terms and conditions of probation. All time spent in an intensive training
12 program which has been approved by the Board or its designee shall not be considered non-
13 practice and does not relieve Respondent from complying with all the terms and conditions of
14 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
15 on probation with the medical licensing authority of that state or jurisdiction shall not be
16 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
17 period of non-practice.

18 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
19 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
20 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
21 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
22 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

23 Respondent's period of non-practice while on probation shall not exceed two (2) years.

24 Periods of non-practice will not apply to the reduction of the probationary term.

25 Periods of non-practice for a Respondent residing outside of California will relieve
26 Respondent of the responsibility to comply with the probationary terms and conditions with the
27 exception of this condition and the following terms and conditions of probation: Obey All Laws;
28 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or

1 Controlled Substances; and Biological Fluid Testing.

2 13. COMPLETION OF PROBATION. Respondent shall comply with all financial
3 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
4 completion of probation. Upon successful completion of probation, Respondent's certificate shall
5 be fully restored.

6 14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
7 of probation is a violation of probation. If Respondent violates probation in any respect, the
8 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
9 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
10 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
11 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
12 be extended until the matter is final.

13 15. LICENSE SURRENDER. Following the effective date of this Decision, if
14 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
15 the terms and conditions of probation, Respondent may request to surrender his or her license.
16 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
17 determining whether or not to grant the request, or to take any other action deemed appropriate
18 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
19 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
20 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
21 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
22 application shall be treated as a petition for reinstatement of a revoked certificate.

23 16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
24 with probation monitoring each and every year of probation, as designated by the Board, which
25 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
26 California and delivered to the Board or its designee no later than January 31 of each calendar
27 year.

28 ///

Exhibit A

Accusation No. 800-2015-011390

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CLAUDIA RAMIREZ
Deputy Attorney General
4 State Bar No. 205340
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, California 90013
6 Telephone: (213) 269-6482
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO January 12 2018
BY: Jody Wright ANALYST

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 800-2015-011390

12 Razmik Ohanian, M.D.
13 511 Western Avenue
Glendale, CA 91201

A C C U S A T I O N

14 Physician's and Surgeon's Certificate
15 No. A 52219,

16 Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official
20 capacity as the Executive Director of the Medical Board of California, Department of Consumer
21 Affairs ("Board").

22 2. On or about August 5, 1993, the Board issued Physician's and Surgeon's Certificate
23 Number A 52219 to Razmik Ohanian, M.D. ("Respondent"). That Certificate was in full force
24 and effect at all times relevant to the charges brought herein and will expire on March 31, 2019,
25 unless renewed.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board, under the authority of the following
28 laws. All section references are to the Business and Professions Code unless otherwise indicated.

1 4. Section 2227 of the Code provides that a licensee who is found guilty under the
2 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
3 one year, placed on probation and required to pay the costs of probation monitoring, or such other
4 action taken in relation to discipline as the Board deems proper.

5 5. Section 2234 of the Code, states:

6 “The board shall take action against any licensee who is charged with unprofessional
7 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
8 limited to, the following:

9 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
10 violation of, or conspiring to violate any provision of this chapter.

11 “(b) Gross negligence.

12 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
13 omissions. An initial negligent act or omission followed by a separate and distinct departure from
14 the applicable standard of care shall constitute repeated negligent acts.

15 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate
16 for that negligent diagnosis of the patient shall constitute a single negligent act.

17 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
18 constitutes the negligent act described in paragraph (1), including, but not limited to, a
19 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
20 applicable standard of care, each departure constitutes a separate and distinct breach of the
21 standard of care.

22 “(d) Incompetence.

23 “(e) The commission of any act involving dishonesty or corruption which is substantially
24 related to the qualifications, functions, or duties of a physician and surgeon.

25 “(f) Any action or conduct which would have warranted the denial of a certificate.

26 “(g) The practice of medicine from this state into another state or country without meeting
27 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
28 apply to this subdivision. This subdivision shall become operative upon the implementation of the

1 proposed registration program described in Section 2052.5.

2 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
3 participate in an interview by the board. This subdivision shall only apply to a certificate holder
4 who is the subject of an investigation by the board.”

5 6. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
6 adequate and accurate records relating to the provision of services to their patients constitutes
7 unprofessional conduct.”

8 7. Section 11162.1 of the Health and Safety Code states:

9 “(a) The prescription forms for controlled substances shall be printed with the following
10 features:

11 “(1) A latent, repetitive “void” pattern shall be printed across the entire front of the
12 prescription blank; if a prescription is scanned or photocopied, the word “void” shall appear in a
13 pattern across the entire front of the prescription.

14 “(2) A watermark shall be printed on the backside of the prescription blank; the watermark
15 shall consist of the words “California Security Prescription.”

16 “(3) A chemical void protection that prevents alteration by chemical washing.

17 “(4) A feature printed in thermochromic ink.

18 “(5) An area of opaque writing so that the writing disappears if the prescription is lightened.

19 “(6) A description of the security features included on each prescription form.

20 “(7)(A) Six quantity check off boxes shall be printed on the form so that the prescriber may
21 indicate the quantity by checking the applicable box where the following quantities shall appear:

22 “1-24

23 “25-49

24 “50-74

25 “75-100

26 “101-150

27 “151 and over.

28 “(B) In conjunction with the quantity boxes, a space shall be provided to designate the units

1 referenced in the quantity boxes when the drug is not in tablet or capsule form.

2 “(8) Prescription blanks shall contain a statement printed on the bottom of the prescription
3 blank that the “Prescription is void if the number of drugs prescribed is not noted.”

4 “(9) The preprinted name, category of licensure, license number, federal controlled
5 substance registration number, and address of the prescribing practitioner.

6 “(10) Check boxes shall be printed on the form so that the prescriber may indicate the
7 number of refills ordered.

8 “(11) The date of origin of the prescription.

9 “(12) A check box indicating the prescriber's order not to substitute.

10 “(13) An identifying number assigned to the approved security printer by the Department of
11 Justice.

12 “(14)(A) A check box by the name of each prescriber when a prescription form lists
13 multiple prescribers.

14 “(B) Each prescriber who signs the prescription form shall identify himself or herself as the
15 prescriber by checking the box by his or her name.

16 “(b) Each batch of controlled substance prescription forms shall have the lot number printed
17 on the form and each form within that batch shall be numbered sequentially beginning with the
18 numeral one.

19 “(c)(1) A prescriber designated by a licensed health care facility, a clinic specified in
20 Section 1200, or a clinic specified in subdivision (a) of Section 1206 that has 25 or more
21 physicians or surgeons may order controlled substance prescription forms for use by prescribers
22 when treating patients in that facility without the information required in paragraph (9) of
23 subdivision (a) or paragraph (3) of this subdivision.

24 “(2) Forms ordered pursuant to this subdivision shall have the name, category of licensure,
25 license number, and federal controlled substance registration number of the designated prescriber
26 and the name, address, category of licensure, and license number of the licensed health care
27 facility the clinic specified in Section 1200, or the clinic specified in Section 1206 that has 25 or
28 more physicians or surgeons preprinted on the form. Licensed health care facilities or clinics

1 exempt under Section 1206 are not required to preprint the category of licensure and license
2 number of their facility or clinic.

3 “(3) Forms ordered pursuant to this section shall not be valid prescriptions without the
4 name, category of licensure, license number, and federal controlled substance registration number
5 of the prescriber on the form.

6 “(4)(A) Except as provided in subparagraph (B), the designated prescriber shall maintain a
7 record of the prescribers to whom the controlled substance prescription forms are issued, that
8 shall include the name, category of licensure, license number, federal controlled substance
9 registration number, and quantity of controlled substance prescription forms issued to each
10 prescriber. The record shall be maintained in the health facility for three years.

11 “(B) Forms ordered pursuant to this subdivision that are printed by a computerized
12 prescription generation system shall not be subject to subparagraph (A) or paragraph (7) of
13 subdivision (a). Forms printed pursuant to this subdivision that are printed by a computerized
14 prescription generation system may contain the prescriber's name, category of professional
15 licensure, license number, federal controlled substance registration number, and the date of the
16 prescription.

17 “(d) This section shall become operative on January 1, 2012. Prescription forms not in
18 compliance with this division shall not be valid or accepted after July 1, 2012.”

19 8. Section 11164 of the Health and Safety Code states:

20 “Except as provided in Section 11167, no person shall prescribe a controlled substance, nor
21 shall any person fill, compound, or dispense a prescription for a controlled substance, unless it
22 complies with the requirements of this section.

23 “(a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V,
24 except as authorized by subdivision (b), shall be made on a controlled substance prescription form
25 as specified in Section 11162.1 and shall meet the following requirements:

26 “(1) The prescription shall be signed and dated by the prescriber in ink and shall contain the
27 prescriber's address and telephone number; the name of the ultimate user or research subject, or
28 contact information as determined by the Secretary of the United States Department of Health and

1 Human Services; refill information, such as the number of refills ordered and whether the
2 prescription is a first-time request or a refill; and the name, quantity, strength, and directions for
3 use of the controlled substance prescribed.

4 “(2) The prescription shall also contain the address of the person for whom the controlled
5 substance is prescribed. If the prescriber does not specify this address on the prescription, the
6 pharmacist filling the prescription or an employee acting under the direction of the pharmacist
7 shall write or type the address on the prescription or maintain this information in a readily
8 retrievable form in the pharmacy.

9 “(b)(1) Notwithstanding paragraph (1) of subdivision (a) of Section 11162.1, any controlled
10 substance classified in Schedule III, IV, or V may be dispensed upon an oral or electronically
11 transmitted prescription, which shall be produced in hard copy form and signed and dated by the
12 pharmacist filling the prescription or by any other person expressly authorized by provisions of
13 the Business and Professions Code. Any person who transmits, maintains, or receives any
14 electronically transmitted prescription shall ensure the security, integrity, authority, and
15 confidentiality of the prescription.

16 “(2) The date of issue of the prescription and all the information required for a written
17 prescription by subdivision (a) shall be included in the written record of the prescription; the
18 pharmacist need not include the address, telephone number, license classification, or federal
19 registry number of the prescriber or the address of the patient on the hard copy, if that information
20 is readily retrievable in the pharmacy.

21 “(3) Pursuant to an authorization of the prescriber, any agent of the prescriber on behalf of
22 the prescriber may orally or electronically transmit a prescription for a controlled substance
23 classified in Schedule III, IV, or V, if in these cases the written record of the prescription required
24 by this subdivision specifies the name of the agent of the prescriber transmitting the prescription.

25 “(c) The use of commonly used abbreviations shall not invalidate an otherwise valid
26 prescription.

27 “(d) Notwithstanding any provision of subdivisions (a) and (b), prescriptions for a
28 controlled substance classified in Schedule V may be for more than one person in the same family

1 with the same medical need.

2 “(e) This section shall become operative on January 1, 2005.”

3 **PERTINENT DRUGS**

4 9. The following drugs are classified as follows:

5 10. **Phentermine** is a stimulant similar to an amphetamine. It acts as an appetite
6 suppressant by affecting the central nervous system. It is a Schedule IV controlled substance as
7 defined by 21 Code of Federal Regulations part 1308.14(f)(9) and California Health and Safety
8 Code section 11057, subdivision (f)(4). It is a dangerous drug as defined in California Business
9 and Professions Code section 4022.

10 11. **Human Chorionic Gonadotropin** (“HCG”) is a hormone that is produced by the
11 human placenta during pregnancy. It is approved by the U.S. Food and Drug Administration
12 (“FDA”) as a prescription drug for the treatment of female infertility, and other medical
13 conditions. It is not approved by the FDA for weight loss. It is also not indicated as either an
14 effective or safe treatment for weight loss. HCG is a Schedule III controlled substance as defined
15 by California Health and Safety Code section 11056, subdivision (f)(32). It is a dangerous drug as
16 defined in California Business and Professions Code section 4022.

17 12. Any material, compound, mixture, or preparation containing chorionic gonadotropin
18 is a Schedule III controlled as defined by California Health and Safety Code section 11056,
19 subdivision (f). It is a dangerous drug as defined in California Business and Professions Code
20 section 4022.

21 **FIRST CAUSE FOR DISCIPLINE**

22 **(Gross Negligence)**

23 13. Respondent Razmik Ohanjanian, M.D. is subject to disciplinary action under section
24 2234, subdivision (b), of the Code in that he was grossly negligent in the care and treatment of
25 patients A, B, C, D, and E. The circumstances are as follows:

26 **Patient A**

27 14. On or about February 6, 2014, Patient A, a then twenty-four-year-old male, sought
28 help from Respondent for weight reduction after failing to lose weight with different diets and

1 appetite suppressants. Patient A weighed 288 lbs., was 74 inches tall, and had a body mass index¹
2 ("BMI") of 37 Kg/m². After a medical consultation, Respondent gave Patient A a sample menu
3 plan that included meals consisting of 800 calories per day and 60 grams of protein per day. In
4 addition, Respondent either requested or ordered laboratory blood tests. Respondent also
5 instructed Patient A to return to the clinic in 3 weeks for a follow-up office visit, but Patient A did
6 not return to see Respondent.

7 15. On or about March 4, 2014, Respondent prescribed Phentermine 37.5 mg - Chromium
8 Picolinate 200 mg extended-release capsules to Patient A. Patient A was directed to take one
9 capsule in the morning per protocol. Respondent also prescribed Chorionic Gonadotropin 250
10 U/Gm- Methylcobalamin 2 mg/Gm -7-Keto DHEA 50mg/Gm transdermal cream. Patient A was
11 directed to apply one gram every 12 hours per protocol.

12 16. The two prescriptions were written on a pre-typed standard 8.5 x 11 inch paper. The
13 paper included the name, address, telephone number, National Provider Identifier ("NPI")
14 number, and Drug Enforcement Administration ("DEA") of Respondent in the middle upper part
15 of the page. It also included Americomp Pharmacy's name, telephone number, and fax number
16 on the top of the page.

17 17. On or about February 10, 2014, Americomp Pharmacy filled a prescription for
18 Phentermine written to Patient A by Respondent. On or about March 6, 2014, April 2, 2014,
19 April 29, 2014, May 26, 2014, and June 24, 2014, Americomp Pharmacy refilled the prescription.

20 Patient B

21 18. On or about March 11, 2013, Patient B, a then forty-four-year-old female, sought help
22 from Respondent for weight reduction after failing to lose weight with different diets and appetite
23 suppressants. Patient B weighed 275 lbs., was 62 inches tall, and had a BMI of 50.3 Kg/m².
24 After a medical consultation, Respondent gave Patient B a sample menu plan that included meals
25 consisting of 800 calories per day and 60 grams of protein per day. In addition, Respondent either
26 requested or ordered laboratory blood tests. Respondent also instructed Patient B to return to the
27

28 ¹ Body mass index is a measure of body fat based on height and weight.

1 clinic in 3 weeks for a follow-up office visit, but Patient B did not return to see Respondent.

2 19. On or about March 12, 2013, Respondent prescribed Phentermine 37.5 mg -
3 Chromium Picolinate 200 mg extended-release capsules to Patient B. Patient B was directed to
4 take one capsule in the morning per protocol. Respondent also prescribed Chorionic
5 Gonadotropin 250 U/Gm- Methylcobalamin 2 mg/Gm - 7-Keto DHEA 50mg/Gm transdermal
6 cream. Patient B was directed to apply one gram every 12 hours per protocol.

7 20. The two prescriptions were written on a pre-typed standard 8.5 x 11 inch paper. The
8 paper included the name, address, telephone number, NPI number, and DEA number of
9 Respondent in the middle upper part of the page. It also included Americomp Pharmacy's name,
10 telephone number, and fax number on the top of the page.

11 21. On or about December 23, 2013, Americomp Pharmacy filled the prescription for
12 Phentermine written to Patient B by Respondent. On or about January 27, 2014, February 24,
13 2014, March 24, 2014, May 16, 2014, and June 11, 2014, Americomp Pharmacy refilled the
14 prescription.

15 Patient C

16 22. On or about June 26, 2013, Patient C, a then nineteen-year-old female, sought help
17 from Respondent for weight reduction after failing to lose weight with different weight loss
18 programs. Patient C weighed 180 lbs., was 63 inches tall, and had a BMI of 31.9 Kg/m². After a
19 medical consultation, Respondent gave Patient C a sample menu plan that included meals
20 consisting of 800 calories per day and 60 grams of protein per day. In addition, Respondent either
21 requested or ordered laboratory blood tests. Respondent also instructed Patient C to return to the
22 clinic in 3 weeks for a follow-up office visit, but Patient C did not return to see Respondent.

23 23. On or about July 2, 2013, Respondent prescribed Phentermine 37.5 mg - Chromium
24 Picolinate 200 mg extended-release capsules to Patient C. Patient C was directed to take one
25 capsule in the morning per protocol. Respondent also prescribed Chorionic Gonadotropin 250
26 U/Gm- Methylcobalamin 2 mg/Gm - 7-Keto DHEA 50mg/Gm transdermal cream. Patient C was
27 directed to apply one gram every 12 hours per protocol.

28 24. The two prescriptions were written on a pre-typed standard 8.5 x 11 inch paper. The

1 paper included the name, address, telephone number, NPI number, and DEA number of
2 Respondent in the middle upper part of the page. It also included Americomp Pharmacy's name,
3 telephone number, and fax number on the top of the page.

4 Patient D

5 25. On or about July 2, 2013, Patient D, a then twenty-four-year-old female, sought help
6 from Respondent for weight reduction after failing to lose weight with different diets and appetite
7 suppressants. Patient D weighed 192 lbs., was 66 inches tall, and had a BMI of 31 Kg/m². After
8 a medical consultation, Respondent gave Patient D a sample menu plan that included meals
9 consisting of 800 calories per day and 60 grams of protein per day. In addition, Respondent either
10 requested or ordered laboratory blood tests. Respondent also instructed Patient D to return to the
11 clinic in 3 weeks for a follow-up office visit, but Patient D did not return to see Respondent.

12 26. On or about July 2, 2013, Respondent prescribed Phentermine 37.5 mg - Chromium
13 Picolinate 200 mg extended-release capsules to Patient D. Patient D was directed to take one
14 capsule in the morning per protocol. Respondent also prescribed Chorionic Gonadotropin 250
15 U/Gm- Methylcobalamin 2 mg/Gm - 7-Keto DHEA 50mg/Gm transdermal cream. Patient D was
16 directed to apply one gram every 12 hours per protocol.

17 27. The two prescriptions were written on a pre-typed standard 8.5 x 11 inch paper. The
18 paper included the name, address, telephone number, NPI number, and DEA number of
19 Respondent in the middle upper part of the page. It also included Americomp Pharmacy's name,
20 telephone number, and fax number on the top of the page.

21 28. On or about December 23, 2013, Americomp Pharmacy filled the prescription for
22 Phentermine written to Patient D by Respondent. On or about January 20, 2014, February 16,
23 2014, March 18, 2014, May 10, 2014, June 7, 2014, and July 7, 2014, Americomp Pharmacy
24 refilled the prescription.

25 Patient E

26 29. On or about January 31, 2014, Patient E, a then fifty-five-year-old male, sought help
27 from Respondent for weight reduction after failing to lose weight with different diets and appetite
28 suppressants. Patient E weighed 281 lbs., was 69 inches tall, and had a BMI of 41.5 Kg/m².

1 After a medical consultation, Respondent gave Patient E a sample menu plan that included meals
2 consisting of 800 calories per day and 60 grams of protein per day. In addition, Respondent either
3 requested or ordered laboratory blood tests. Respondent also instructed Patient E to return to the
4 clinic in 3 weeks for a follow-up office visit, but Patient E did not return to see Respondent.

5 30. On or about January 31, 2014, Respondent prescribed Phentermine 37.5 mg -
6 Chromium Picolinate 200 mg extended-release capsules to Patient E. Patient E was directed to
7 take one capsule in the morning per protocol. Respondent also prescribed Chorionic
8 Gonadotropin 250 U/Gm- Methylcobalamin 2 mg/Gm - 7-Keto DHEA 50mg/Gm transdermal
9 cream. Patient E was directed to apply one gram every 12 hours per protocol.

10 31. The two prescriptions were written on a pre-typed standard 8.5 x 11 inch paper. The
11 paper included the name, address, telephone number, NPI number, and DEA number of
12 Respondent in the middle upper part of the page. It also included Americomp Pharmacy's name,
13 telephone number, and fax number on the top of the page.

14 32. Respondent was grossly negligent as follows:

15 A. The prescribing of a combination of oral Phentermine and transdermal HCG for
16 weight reduction to patients A, B, C, D, and E at the initial clinic visit constitutes an extreme
17 departure from the standard of care. In the area of weight management, the standard of care is to
18 start with one pharmacological agent. Patients who use Phentermine should be closely monitored
19 for its potential side effects such as palpitation, constipation, insomnia, irritability, or increased
20 blood pressure. In addition, HCG is not approved by the FDA for weight loss. It is also not
21 indicated as either an effective or safe treatment for weight loss.

22 B. The use of a non-tamper resistant prescription form to prescribe Phentermine, a
23 Schedule IV controlled substance, to patients A, B, C, D, and E is an extreme departure from the
24 standard of care. Health and Safety Code section 11162.1 and 11164 require prescribers of any
25 Schedule II through V controlled substances to use tamper-resistant prescription forms (formally
26 known as Triplicate). These forms could be ordered through printers or vendors approved by the
27 state of California. In general, these prescription pads have several security features. For
28 example, "VOID" will appear when the prescription is copied or chemical washing will alter the

1 pattern on the prescription.

2 33. Respondent's acts and/or omissions as set forth in paragraphs 14 through 32,
3 inclusive above, whether proven individually, jointly, or in any combination thereof, constitute
4 grossly negligent acts pursuant to section 2234, subdivision (b), of the Code with respect to
5 patients A, B, C, D, and E. Therefore, cause for discipline exists.

6 **SECOND CAUSE FOR DISCIPLINE**

7 **(Repeated Negligent Acts-Patients A, B, C, D, and E)**

8 34. Respondent Razmik Ohanian, M.D. is subject to disciplinary action under section
9 2234, subdivision (c), of the Code in that he engaged in repeated negligent acts in the care and
10 treatment of patients A, B, C, D, and E. The circumstances are as follows:

11 35. The facts and allegations in Paragraphs 14 through 32, above, are incorporated by
12 reference and re-alleged as if fully set forth herein.

13 36. Respondent committed repeated negligent acts as follows:

14 A. The facts and allegations in Paragraph 32, above, are incorporated by reference and
15 re-alleged as if fully set forth herein.

16 B. The lifestyle modification strategy that Respondent gave to patients A, B, C, D, and E
17 is a departure from the standard of care. Dietary intervention should be individualized based on a
18 patient's age, height, weight, and their desired weight reduction goal. Each patient had a different
19 height and weight. Their body weight varied from 180 lbs. to 288 lbs. and their BMI ranged from
20 31 to over 50. However, Respondent gave them all the same 800 calories per day diet with 60
21 grams of protein. An 800 calorie per day diet is considered a Very Low Calorie Diet ("VLCD")
22 for Patient A. Patients who enroll in VLCD should be monitored more closely because of
23 concern of development of ketosis and dehydration. A follow up of 3 weeks may not have been
24 adequate for Patient A.

25 C. The prescribing of Phentermine to patients C and D, who are females of child-bearing
26 age, is a departure from the standard of care. Phentermine products are contraindicated for use
27 during pregnancy. Phentermine should not be taken by women who may become pregnant.
28 Respondent did not document discussing with patients C and D the risk of consuming

1 Phentermine during pregnancy in each patient's chart. In addition, he did not order pregnancy
2 tests for each patient.

3 37. Respondent's acts and/or omissions as set forth in paragraphs 35 through 36,
4 inclusive above, whether proven individually, jointly, or in any combination thereof, constitute
5 repeated negligent acts pursuant to section 2234, subdivision (c), of the Code with respect to
6 patients A, B, C, D, and E. Therefore, cause for discipline exists.

7 **THIRD CAUSE FOR DISCIPLINE**

8 **(Inadequate and Inaccurate Recordkeeping-Patients A, B, C, D, and E)**

9 38. Respondent Razmik Ohanianian, M.D. is subject to disciplinary action under section
10 2266 of the Code in that he failed to maintain adequate and accurate medical records with respect
11 to patients A, B, C, D, and E. The circumstances are as follows:

12 39. The facts and allegations in Paragraphs 14 through 32 and Paragraphs 35 through 36,
13 above, are incorporated by reference and re-alleged as if fully set forth herein.

14 40. Respondent's acts and/or omissions as set forth in paragraph 39, inclusive above,
15 whether proven individually, jointly, or in any combination thereof, constitute inadequate and
16 inaccurate record keeping pursuant to section 2266 of the Code with respect to patients A, B, C,
17 D, and E. Therefore, cause for discipline exists.

18 **FOURTH CAUSE FOR DISCIPLINE**

19 **(Unprofessional Conduct--Patients A, B, C, D, and E)**

20 41. Respondent Razmik Ohanianian, M.D. is subject to disciplinary action under section
21 2234 of the Code for unprofessional conduct with respect to patients A, B, C, D, and E. The
22 circumstances are as follows:

23 42. The facts and allegations in Paragraphs 13 through 40, above, are incorporated by
24 reference and re-alleged as if fully set forth herein.

25 43. Respondent's acts and/or omissions as set forth in paragraph 42, inclusive above,
26 whether proven individually, jointly, or in any combination thereof, constitute unprofessional
27 conduct pursuant to section 2234 of the Code with respect to patients A, B, C, D, and E.
28 Therefore, cause for discipline exists.

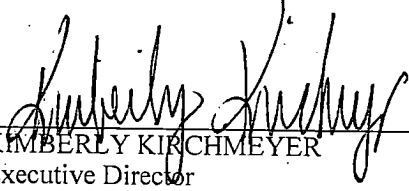
1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
3 and that following the hearing, the Medical Board of California issue a decision:

- 4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 52219,
5 issued to Respondent Razmik Ohanianian, M.D.;
- 6 2. Revoking, suspending or denying approval of Respondent Razmik Ohanianian,
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 8 3. Ordering Respondent Razmik Ohanianian, M.D., if placed on probation, to pay the
9 Board the costs of probation monitoring; and
- 10 4. Taking such other and further action as deemed necessary and proper.
- 11
- 12

13

14 DATED: January 12, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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